

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation INDEPENDENT WOMEN'S VOICE		3. FEC Identification Number C C90011115
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 I Street NW 5th Floor		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y

THROUGH

M M	/	D D	/	Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

48653.44

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Heather R. Higgins

Heather R. Higgins

05/05/2013

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 05 / 04 / 2013	
Mailing Address 2516 Waukegan Rd, #115		Amount 16005.00	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4366
Purpose of Expenditure Broadcast TV Time	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 112589.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	
Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 05 / 05 / 2013	
Mailing Address 2516 Waukegan Rd, #115		Amount 32648.44	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4367
Purpose of Expenditure Live Phone Calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 145238.39		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures.....		48653.44	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		48653.44	